

## Medical Assistance Programs

Last Updated Wednesday, 27 February 2008

What happens to you or a family member when you need medical attention? What do you do?

The Nevada Department of Health and Human Services offers medical assistance through a number of programs for individuals and families. Some of this coverage is free to you, and some requires a small fee. The services provided may include doctor visits, prescriptions, dental care, eye exams and glasses and therapies, to name a few. Who you gonna call? Let's begin with you. Did you really know all this could be available to you? Now, what about your family? There are four different ways your family could qualify for medical assistance in Nevada.

There are several groups related to the Temporary Assistance for Needy Families (TANF) program which receive medical assistance only (no cash) referred to as TANF-Related Medicaid Only cases. These TANF-related Medicaid groups are: (Return to top)

- Medicaid for persons who qualify for cash assistance, but choose to receive medical benefits only, or who are ineligible to receive cash assistance due to TANF time limits or are ineligible due to income or resources of an individual(s) who is not their parent or spouse;
- Medicaid coverage from the Child Health Assurance Program (CHAP), for minor children and pregnant women with countable income below certain poverty levels;
- Emergency medical assistance on a month-by-month basis for illegal aliens or other non-citizens not covered in other eligible categories. These applicants must meet TANF or CHAP requirements except for citizenship;
- A pregnant woman eligible for Medicaid in any month of her pregnancy remains eligible for pregnancy-related and postpartum coverage regardless of changes in income;
- Newborn children remain eligible for Medicaid for one year, if their mother was eligible for Medicaid at the time of their birth and would still be eligible if pregnant. The newborn child must continue to reside with the mother in Nevada;
- Medicaid coverage is available up to three (3) months prior to the TANF application month if an eligible household member received medical services during this time. Eligibility is determined on a month-by-month basis; and
- Medicaid may continue for up to twelve months when TANF ends if: the household becomes ineligible for TANF due to the increased earned income of the caretaker OR loss of earned income disregards; for up to four months if: the household becomes ineligible due to a child or spousal support collection by Support Enforcement. Follow the links below for applications and related forms you can print from your computer and fill out at home: Application Forms

Application Related Forms Available on-line

Application Form (2905-EG)

Application Information Sheet

Application for Assistance - Aged, Blind, Disabled (2920 EM)

Request for Prior Medical Assistance (2468 EE)

Change Reporting Form (FS/TANF & Medicaid) (Form 2584) A list of ALL forms available from the State of Nevada can be found here. Child Health Assurance Program (CHAP) (Return to top)

The Child Health Assurance Program (CHAP) provides Medicaid coverage to pregnant women and children under age six, including unborn children, with income below 133% of poverty; and to minor children age six or older with income below 100% of poverty. Nevada Check Up

Nevada Check Up is the state Children's Health Insurance Program. The goal of Nevada Check Up is to provide preventive and comprehensive health care coverage for Nevada's uninsured children. The program provides affordable health care coverage to uninsured children of low-income families not covered by private insurance or Medicaid. Other household members may be eligible for Medicaid from the Medical Assistance for the Aged, Blind and Disabled (MAABD) program. This program provides medical services and individuals may qualify by being eligible for a means-tested public assistance program (i.e., Supplemental Security Income [SSI]). Individuals may be eligible for medical coverage for up to three months of medical coverage prior to the month of application if they apply for or would be eligible in one of the listed categories. The eligible categories for individuals include: (Return to top)

- Supplemental Security Income (SSI) recipients;
- Employed individuals, age 16 through 64 with disabilities with combined net earned and unearned income up to 250% of the federal poverty level (Health Insurance for Work Advancement);
- Nursing facility residents with gross monthly income up to 300% of the SSI payment level (State Institutional Cases);
- Certain individuals who have lost SSI eligibility, but would still be eligible if some of their income were disregarded (Public Law Cases);
- Disabled children who require medical facility care, but can appropriately be cared for at home;
- Aged or physically disabled individuals who require medical facility care, but can appropriately be cared for at home and aged individuals who have been residing in nursing facilities who can appropriately be cared for in adult group care

facilities (Home and Community-Based Waivers); and

- Ineligible aliens or non-citizens who do not meet citizenship eligibility criteria and have emergency medical services may qualify for some limited Medicaid coverage.

Medicare Beneficiaries

Individuals eligible for Medicare may also qualify for benefits from the Medicare Beneficiaries program. Coverage provided by this program is different than other Medicaid groups as it does not provide the full scope of medical benefits. The five categories described below may be eligible for Medicare Beneficiaries coverage:

- Qualified Medicare Beneficiaries (QMBs) are Medicare recipients with income at or below 100% of the federal poverty level. Medicaid pays for their Medicare premiums, co-insurance and deductibles on Medicare covered services. Eligibility begins the month following the month the decision is made.

- Special Low Income Medicare Beneficiaries (SLMBs) are Medicare recipients with income between 100% - 120% of the federal poverty level. Medicaid pays the Medicare Part B medical insurance premium. Eligibility begins with the application month with three (3) months of prior medical coverage available.

- Qualifying Individuals 1 (QI-1s) are Medicare recipients with income of at least 120%, but less than 135% of the federal poverty level. Medicaid pays the Medicare Part B medical insurance premium. Eligibility begins with the application month with three (3) months of prior medical coverage available. However, this program is 100% federally funded and ends if the state allocation is used.

- Qualifying Individuals 2 (QI-2s) are Medicare recipients with income of at least 135%, but less than 175% of the federal poverty level. Medicaid pays for the portion of the Medicare Part B premium attributable to the shift of some home health benefits from Medicare Part A to Part B. Payments are made in December for the calendar year. However, this program is 100% federally funded and ends if the state allocation is used. Eligibility begins with the application month with three months of prior medical coverage available.

- Qualified Disabled Working Individuals (QDWIs) are Medicare recipients with income less than 200% of the federal poverty level. Medicaid pays the Medicare Part A hospital premium, only.

Who should you call? (Return to top) Customer Service Voice Response Unit (VRU) Don't know which office? Find where to call here! (See right menu) Carson City(775) 684-0800Elko(775) 753-1233Ely(775) 289-1650Fallon(775) 423-3161Hawthorne(775) 945-3602Henderson(702) 486-5000Las Vegas - Belrose(702) 486-5000Las Vegas - Nellis(702) 486-5000Las Vegas - Flamingo(702) 486-5000Las Vegas - Owens(702) 486-5000Las Vegas - Professional Dev. Ctr.(702) 486-1443Pahrump(775) 751-7400North Professional Dev. Ctr.(775) 856-8412Reno Kings Row(775) 684-7200Winnemucca(775) 623-6557Yerington(775) 463-3028E-Mail Medical Assistance